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Privileged Access and the Agent in Thought Insertion

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In his recent paper, Young has eloquently put forward a novel account of how and why the phenomenon of thought insertion (TI) seen in patients with schizophrenia does not contradict the immunity principle (i.e. first-person access to one's own thoughts and psychological states is 'immunity to error through misidentification'). He argues that in TI, the problem lies not in misidentification but in *mispredication*: the individual with TI does not ascribe the right predicate to the wrong subject but has misdetected the predicate in the first place. The author points out that an inconsistently formulated immunity principle could risk confusing the two types of errors. The author defines the immunity principle as

*Any agent who thinks a thought** (the asterisk indicates thoughts obtained by privileged access) *of the form 'I am F' cannot be right on the basis of the perspective grounding this thought that something is F but wrong about whether 'I am F'.*

Given this definition, it would indeed be the case that if one claims they have thoughts that are not theirs, it is the predicate and not the initiator of the thoughts that is susceptible to error. Note that the author stresses 'any formulation of the immunity principle be limited to present-tense self-referential *judgements* [my emphasis]' ascribing a predicate to the essential indexical 'I', and any over-simplification would only create the illusion that TI breaches the immunity principle.

However, perhaps another possibility for this confusion is the inconsistency in defining TI itself. The author of the current paper makes a specific point that in TI, the patients do not only claim the thoughts are not generated by themselves but actually belong to another agent. This, of course, would seem implausible (whether considered from the immunity principle or not) if not utterly false even to a lay person; and it is this apparent falseness that defines TI, at least in this instance, as a delusion. Indeed, throughout his paper Young has consistently

referred to TI as ‘delusions of thought insertion’ and implies that the delusion is primary in nature (‘patients seem to require no external evidence, investigation or complex inference in order to arrive at them [the delusions]’). This conforms to the psychiatric definition of TI as a ‘false belief that the subject receives inserted, alien thoughts’ (Mullins and Spence 2003).

Arguments about whether all delusions are beliefs aside, this definition could be divided into two components: the false belief and the inserted alien thoughts. Just by this medical definition alone, it is clear that the belief part has been dissociated from the *actual* inserted thoughts. So, if TI is indeed a delusion, to which of these two components does the delusion apply? It would seem obvious that the false belief *about* the inserted thoughts is the delusion. Some may argue that how could thoughts be inserted from the external (and also belong to someone else) in the first place? ‘Privileged access’ allows one to have direct, taken-for-granted knowledge (a kind of knowledge which does not require external evidence) of one’s own thoughts which are obtained through introspection. Yet, thoughts derived from both introspection and the mere act of thinking are separated from the individual’s subjectivity in TI. This separation (some call it the ‘separability thesis’, see Gibbs 2000), I argue, is the *experience* of having seemingly external thoughts. The individual who has such an experience does not deny the fact that *they* are the one who has had external thoughts inserted into their mind; the individual simply denies the thoughts *themselves* are their own. Indeed, this would fit nicely with the author’s account about mispredication. However, does this always constitute a delusion?

I have recently proposed (Humpston and Broome 2015) that the experience of having external thoughts – whose externality is only accessible through the first-person perspective (which is again a paradox) – alone is insufficient for a delusional elaboration to form, and it is

the act of ascribing another agent to these thoughts that drives the individual to a delusional end-point of the phenomenon. I do not necessarily agree with the term ‘delusions of thought insertion’ but rather, I think it is more likely ‘delusions *in* thought insertion’. Certainly the difference of one proposition may sound like a deliberately difficult game of lexicon, but I would like to argue that it is an important distinction which highlights the duplex nature that ‘completes’ the phenomenology of TI. In this sense, Young’s account about mispredication would only apply to the basic, generative *experience* of TI and the delusions *in* TI would in fact be susceptible to errors through misidentification because the subject has actually ascribed the wrong instantiator to some thoughts that are in their own mental space. For example, if someone has an inserted thought of ‘Kill God’ (to use a well-known case), the thought itself does not contain ‘I must kill God’ but the indexical ‘I’ comes as a given prerequisite of thinking. Therefore, when the patient ascribes this thought to ‘Chris’ (again to use the author’s example) they have wrongly identified the agent of such ascription. Without this process of ascription or judgement, the delusion would not form and neither would the immunity principle apply.

It is true that this distinction between thoughts and thinking may appear to be trapped in an infinite regress (‘believing a thought is a thought is a thought’, and so on). Nevertheless, I think it could be defended by a more detailed and precise analysis of the ‘agent’ in TI. The impression from Young’s paper is that he deals exclusively about the ‘judgement’ of agency (hence my emphasis at the beginning of this commentary) which to me is a second-order process involving the attribution of a causal agent to a particular set of thoughts. The *sense* of agency, on the other hand, would be much more pre-reflective and basic. Young writes that ‘patients do seem to *arrive at* [my emphasis] their delusional thoughts through a distinctive,

first-person way of knowing'. What he does not detail is how the patients could obtain this knowledge through, say, privileged access yet engage in an attributional process of the (seemingly) same agent to an external body simultaneously. Of course, as mentioned previously, delusions in TI are primary in nature in Young's account – one which overshadows the entirety of the experience – but to me the delusional elaboration is secondary for reasons discussed above. While patients may not require any 'complex inference' (but if all delusions are doxastic surely they would require some sort of reasoning to gain belief status?) to find an external agent, it seems that the ascription of thoughts to this particular agent (e.g. 'Chris') is a parallel and dissociable process from the kind of first-person access that is endowed with immediacy and transparency. The agent of awareness has been detached from the agent of authorship and ownership when the patient 'hands over' their thoughts to someone else. In TI, the latter is severely impaired or absent whereas the former may still be relatively intact (certainly the patient is still consciously aware of *any* thought that is in their mind!). This may answer Young's question of 'why the patient is delusional in the first place' – because the patient is not delusional at first when they experience the 'inserted' thoughts but *becomes* so when they arrive at the conclusion that they are thought by an external thinker.

I understand some might question how it is at all possible to have thoughts that are generated by someone else in one's own mind; isn't this somewhat too concrete and bordering on solipsism? Yet in my opinion such an orientation captures the exact experience of the patient's way of thinking and indeed, even 'normal' ways of thinking can sometimes be viewed as solipsistic as they reflect the very nature of subjective reality created by the experiential field of each and every one of us, delusional or not.

Agreeably, just as Young himself writes, there is something deeply mysterious about the phenomenon of TI no matter how much one attempts to explain it with whatever kind of theory. TI itself may not challenge the immunity principle as such, but it still threatens the continuity and integrity of the subjective existence of thinking and the thoughts that ensue. Due to the ‘lack of robustness of one’s own self-boundaries’, the psychotic individual is trapped in a perpetual cul-de-sac, a paradox that erodes their very being. At the same time, however, they still use the first person pronoun ‘I’ to describe their bizarre and often extremely distressing experiences. This ‘I’ is not be the same as the essential indexical ‘I’ in this context because there is simply no other replacement for ‘I’ of any kind. Patients use ‘I’ as a mere descriptor which lacks the everyday mineness and associated immediacy others take for granted.

I have also argued that self-boundaries are not all-or-none concepts, but in fact lie on a continuum between internality and externality (Humpston and Broome 2015) and are permeable for subjective thoughts and experiences to ‘diffuse’ across. Of course, one could very well argue that all externality in this case is in fact internality because how could thoughts occur without a thinker? The counterargument is that while thoughts do not occur without a thinker, they can still lose the status of having an original thinker after they have been thought, especially when the original thinker themselves (mis)attribute them to another agent. There are many potential reasons why the original thinker may (consciously or unconsciously) decide to do so, or it could even be an automatic process to expel thoughts that in one way or another threaten the stability of the individual’s subjectivity. However, this creates yet another paradox, because for such diffusion to occur the subjectivity must have been already fragmented so there would not be a stability to protect. Perhaps the sheer pain

and suffering caused by psychosis (with TI as a first-rank symptom) are the exact manifestation of these unresolvable paradoxes originating within one another.

In sum, Young's compatibilist account of TI and the immunity principle is compelling, but might benefit from a more detailed re-analysis of the distinct types of thinking and agency of thought as well as a clearer definition of the prerequisites under which the argument stands. Here I have outlined some of the implications and theoretical considerations of TI which will undoubtedly remain a mystery. I agree with the author to not risk oversimplification in one's pursuit of philosophical generality – perhaps accounts of TI can never be generalised anyway – but I think it is important to delineate to the best of one's ability the manifold complexities of the puzzle that is TI.

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